COLUMBUS CITY SCHOOLS

REFUND REQUEST FORM

Request Submitted By: _____

Reason for Refund: _____

_____

Method of Payment:

☐ Credit Card (Infinite Campus)

☐ Cash/Check/Money Order-At Building

☐ Cash/Check/Money Order-Central Enrollment

Preferred Method of Refund:

☐ Refund to Credit Card (Credit Card Payment ONLY)

☐ Refund Check

☐ Credit Payment to Another Fee Due

For Refund to Credit Card:

(Complete information below and send form to accountsreceivable@columbus.k12.oh.us)

Student: _____ **Refund Amount:** _____

School: _____

Fee Paid: _____ **Date Paid:** _____

For Refund Check:

(Complete information below and send form to ap@columbus.k12.oh.us)

Refund To: _____ **Vendor #** _____

Student: _____

Address: _____ **Refund Amount:** _____

_____

Pay-In # (Include a Copy for Processing): _____

For Credit to Another Fee:

(Complete information below and send form to accountsreceivable@columbus.k12.oh.us)

<u>For Student to be Refunded</u>   <u>For Student to Receive Credit</u>

Student: _____ **Student:** _____

School: _____ **School:** _____

Fee Paid: _____ **Fee Due:** _____

Amount: _____ **Amount:** _____

_____   _____   _____
Approved By (Signature)   Title   Date

For Office Use Only:

<u>Fund - SCC - Receipt Code - Obj - Subject - OPU - IL - Job - Resp</u>   <u>Amount</u>